

Scholarship Application

PO Box 837 Eau Claire, WI 54702 715-876-6400



Applicant Information

Applicant Name:				
Street Address:				
City, State, Zip:				
E-Mail Address:				
Date of Birth:				
Phone Number:				
Current High School/C	College:			
	GPA :		Please enclose previo	ous year transcript.
Parent/Guadian's Nan	ne(s):			
		Education	al Plans:	
Major/Minor:				
Please enclose an assu	urance of enrollmer	nt such as; class schedul	e, acceptace letter, etc	
Please list any activitie	es, volunteer work a	and awards/certificates	you have received in the	past.
Please explain in a pa	aragraph or so why	you chose the above fie	eld(s) of study and what y	our future goals and aspirations are.
Applicant Signature				Date